



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Na	me:	Comm	Hee to E	lect	John Atkins
Account Number:			_	Date of this	s Report: 11-1-06
REPORTING PERIO	DD:	FROM:	_/0-11-06	_ TO:	11-1-06
Check the box that ap	plies to th	iis report:			
Primary Election General Election Other Election Special Election	,	□ 8-DAY ■ 8-DAY □ 8-DAY □ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY		Office: State Rep. 41SI
Year End Report		Final Orga	anization Closing		Closing Date: 1/-/-06
regulations regarding	Campaig Election	n Finance and	the election process in	the State of I	rate and correct. I agree to abide by all rules and Delaware. I understand that representatives from ation provided on this report. // - (- 0 6 DATE
Alu	Ut	lais			11-1-06
CANDIDATE SIGNATUR	E				DATE



STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	REP	ORTING PERIOD:	10-11-06	11-1-06
1.		NG BALANCE at Balance from last reporting period)		FROM	9,550. 14
2.	RECEIPT	S:			
	A.	SCHEDULE A – TOTAL RECEIPTS			1,300.00
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONT	RIBUTIONS	_	
	C.	SCHEDULE D-1 – TOTAL LOANS RECEI	VED	<u>~</u>	-
	D.	SCHEDULE E – TOTAL EXPENSE REIM	BURSEMENTS RECEIVE	ED _	-
	E. SU	BTOTAL (Total of A, B, C, D)		-	1,300.
3.	EXPENDI	TURES:			
	F.	SCHEDULE B - TOTAL EXPENDITURES		-	6,024, 55
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPE	NDITURES	÷	
	Н.	SCHEDULE D-2 – TOTAL LOAN PAYME	NTS	-	
	I.	SCHEDULE E – TOTAL EXPENSE REIM	BURSEMENTS PAID	_	
	J. S	UBTOTAL (Total of F, G, H, I)		Con-	6,024.55
4.		BALANCE ng Balance plus 2E, minus 3J)		_	4,825.59
5.	VALUE O	F NON-CASH ASSETS (From Schedule F)		_	
6.	VALUE O	F DISPOSED/TRANSFERRED ASSETS (From	Schedule G)	_	
7.	VALUE O	F LOANS AT END OF PERIOD (Loan Balance	from Schedule D-2)	<u>.</u>	
8.	CLOSE O	UT BALANCE (Must equal zero if Committee cl	osed)		



SCHEDULE A - TOTAL RECEIPTS

CT #:			REPORTING PERIOD: (0)	-//-06	11-1-06 TO
				FROM	TO
nize all r	eceipts over S	\$100 for the reporting period. Rece	ipts from sales of items must be itemized if they a	are	
er \$50. A	ll receipts fro	m Political Committees must be ite	mized. NOTE: If you receive funds from the sam	e person	
organizat	ion several tii	mes during the reporting cycle, eac	h item must be listed if the aggregate amount is	over \$100, even if	the individual amount
ECEIPTS	OF PERSO	NS IN EXCESS OF \$100 AND P	OLITICAL COMMITTEES:		
Date	Contrib	Contributor	Contributor	Aggregate	Amount
Received	Туре	Name	Mailing Address	Amount	Received
10-20-06		Pat Marvel	6525 Shawace Rd. Mittend De 19963	ì	50-
0-21-06		John Lewes	37817 Crab Bay lave Selbyile, 19978		30-
1-11-06		Grace Hitchens	32,036 Gray Ad Dagsboro		100 -
10-22-06 10-23-00		Millard Murray Charles Bireley	114 Jersey and Millsboro, to 1996	1	200-
0-23-06		LAW DAC Delowore	913 Mkt St. Sute 315 William DE 1980		600 -
076-06		Del Bank PAC	PO BOX 781 DOVE DE 19903		200-
- VV - 10					
		PARTY OF THE PARTY			
		1000 1000 130			
			70.75.50.76.50.7		
	LODIDES S	DEDGONG IN EVONOG OF SAC	A AND DOLLETICAL CONCUENTED		1200 12
OTAL RE	CEIPTS OF	PERSONS IN EXCESS OF \$10	0 AND POLITICAL COMMITTEES		/300.00
OTAL DE	CEIPTS OF	PERSONS NOT IN EXCESS O	F \$100		
OIALK	CEII IS OI	I ENGOIS NOT IN EXCESS O	A WANY		
RAND TO	OTAL RECE	EIPTS			1300.00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	R	EPORTING PERIOD:	10	-11-06	11-1-06
of the amour must be liste	nt with office sought. NOTE: IF you e	g period. All expenditures to Political Comm xpend funds to the same person or organizat 0, even if the individual amounts are not.	ittees must be it ion several times	FROM emized, regardles s during the repor	TO s ting cycle, each iter
Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
10-11-06 10-13-06 10-13-06 10-15-06 10-16-06 10-25-06 10-25-06 10-25-06 10-25-06 10-25-06	Sussex Central Bosovers George town EMS friends of US Grant U.S. Prison Service thends of Valithura gr promotions Sussex for Ward Eika Brithingham Bakers Hardware Delaware Star WGMD Staples Sussex Countral	George frain, De Jeorge frain, De Jove, De Il Lairel Ridge Dr Wilm De Silver Spring, MD George frain, De George frain, De George frain, De George frain, De Dove, De George frain, De			100- 35- 200- 198- 200- 2457.05 50- 50- 80- 100- 2098.50 275.50 271.00
TOTAL EX	PENDITURES IN EXCESS OF \$10 PENDITURES TO PERSONS NOT OTAL EXPENDITURES	O AND POLITICAL COMMITTEES 'IN EXCESS OF \$100			6,024.55

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #:	I	REPORTING PERIOD:	- Daniel State	1046-8-2
			FROM	то
NOTE: If you red each item must b IN-KIND CONT	ceive in-kind contributions from e listed if the aggregate amount FRIBUTIONS IN EXCESS OF	harge or less than fair market value in ex the same person or organization several is over \$100, even if the individual amo \$100: RKET VALUE LESS ANY PAYMENTS YOU	times during the reporting per unts are not.	iod,
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
		PHESE STATES		
			-	
		100		
	22 70 88 5 7 7 2 7 100 100			
TOTAL IN-KIN	ND CONTRIBUTIONS IN EX	CESS OF \$100		
OTAL IN-KII	D CO. TIMBOTION ON EA	0100		
TOTAL IN-KIN	ND CONTRIBUTIONS NOT I	N EXCESS OF \$100		

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:		REPORTING PERIOD:		
			FROM	то
NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to the sa listed if the aggregate amoun NDITURES IN EXCESS OF	narge or less than fair market value in exce- ime person or organization several times du it is over \$100, even if the individual amou \$100:	aring the reporting period, ants are not.	
Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expended
			<u> </u>	
	11-0			
				_
		E-0015 E-01		
TOTAL IN-KIN	D EXPENDITURES IN EXC	CESS OF \$100		
				7
TOTAL IN-KINI	D EXPENDITURES NOT IN	N EXCESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

REPORTING PERIOD:

ACCT#:

			FROM		то
	f \$50 RECEIVED DURING THIS REPORTING D IN EXCESS OF \$50:	G PERIOD should be itemized on this schedule. NOTE: These	loans must also be listed on Schedule D-2.		
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
	8				
TOTAL LOANS R	ECEIVED CEIVED SHOULD ALSO APPEAR ON PAGE 2, STATES	MENT OF ACCOUNT BALANCE, ITEM 2C)			_



		REPORTING PERIOD:
one vote that started a nation	SCHEDULE D-2 - LOANS	

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

ACCT#:

TO

FROM

TOTAL LOANS
(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7) Loan Balance Payments Made Original Loan Amount Int Rate Description of Security Endorser Name and Mailing Address Lender Name and Mailing Address LOANS IN EXCESS OF \$50: Date Received



REPORTING PERIOD:

SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #:

					FROM
	sements received by you and paid by you must be iten				
Date Received	RECEIVED (Monies paid to you as reimburse: Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amoun	Reimbursemer Received
EIMBURSEMENTS	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, S VTS PAID (Monies paid by you to reimburse others				
EIMBURSEMENTS			Activity Date	Total Expense Amoun	Reimburseme Paid
EIMBURSEMENTS EIMBURSEMEN Date	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, S WTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.	Activity	inches and the second	
EIMBURSEMENTS EIMBURSEMEN Date	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, S WTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.	Activity	inches and the second	



SCHEDULE F - NON-CASH ASSETS

ACCT #:		REPORTING PERIOD:				
		FRO	OM TO			
FROM Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization. LIST ALL NON-CASH ASSETS:						
Date	Description	Location	Value			
Received	of Asset	of Asset (Physical Address)	of Asset			
	W					
	÷					
			1			
			İ			
TOTAL ASSET VAL	IIE.		0			

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:		REPORTING PERIOD:	
			FROM TO
Itemize all assets dispos	ed of, transferred or sold by the organization du	ring the reporting period.	
ALL NON-CASH ASS	ETS		
Date	Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
	S STATE OF THE STA		
	31 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
	The state of the s		
	Hall to the same of the same o		
TOTAL ACCETS ELL	LINE AND TO SERVICE A		

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)